

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025422

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 59

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 11 1963

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		c. CITY OR TOWN Unionville	
Length of stay in 1b 1 da		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital		d. STREET ADDRESS (If outside, give location) s. 17th Street.	
3. NAME OF DECEASED (Type or print) First Middle Last Crystal Leon Buckallew		4. DATE OF DEATH Month Day Year 7-5-63	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-9-05
9. AGE (last birthday) 57		10. BIRTHPLACE (City and state or country) Sullivan Co. Mo.	
11. CITIZEN OF WHAT COUNTRY USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Bradshaw		13b. MOTHER'S MAIDEN NAME Sarah Chappel	
14. NAME OF HUSBAND OR WIFE Charles Buckallew		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Charles Buckallew-Unionville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) Bronchial asthma DUE TO (c) unknown		INTERVAL BETWEEN ONSET AND DEATH 1 month years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from July 8 to July 5 and last saw her alive on July 5-63. Death occurred at 19a on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles L. Fiddler	22b. ADDRESS Unionville Mo		22c. DATE SIGNED 7-5-63
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 7-7-63	23c. NAME OF CEMETERY OR CREMATORY Unionville Cem.	23d. LOCATION (City, town, or county) Unionville Mo.
24. FUNERAL DIRECTOR F.O. Husted & Son Unionville, Mo.	25. DATE RECD. BY LOCAL REG. 7-6-63	26. REGISTRAR'S SIGNATURE Maxwell Durbin	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Murl E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.